

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street) ▼

P.O. Box 4449

☐ Check if different than previously reported. (ACC)

Cary

NC

27519-4449 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00194647

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Cody Hand

Signature of Treasurer

Mr. Cody Hand

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		49771.65
(b) Cash on Hand at Beginning of Reporting Period.....	49771.65	
(c) Total Receipts (from Line 19)	40425.15	40425.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	90196.80	90196.80
7. Total Disbursements (from Line 31)	122000.00	122000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-31803.20	-31803.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 01 / 01 / 2013

To:

 M M / D D / Y Y Y Y
 06 / 30 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7566.60

7566.60

(ii) Unitemized

32858.55

32858.55

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

40425.15

40425.15

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

40425.15

40425.15

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

40425.15

40425.15

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

40425.15

40425.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	122000.00	122000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	122000.00	122000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	122000.00	122000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	40425.15	40425.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40425.15	40425.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. James E. Hauge

Mailing Address 4800 Rhythm Drive

City

State

Zip Code

Apex

NC

27539-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	08	/	2013

Transaction ID : 21000437

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen Lawler

Mailing Address 3905 Cantata Drive

City

State

Zip Code

Greenville

NC

27858-6066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vidant Medical Center

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	08	/	2013

Transaction ID : 21000441

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ms. Millie Harding

Mailing Address 1113 Pearson Farms Road

City

State

Zip Code

Apex

NC

27502-6741

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	22	/	2013

Transaction ID : 21000473

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. J. William Bill Paugh FACHE

Mailing Address 501 Mill Road

City

Goldsboro

State

NC

Zip Code

27534-8976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2013

Transaction ID : 21000509

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. William Mahone V

Mailing Address 703 Stoney Brook Drive

City

Roanoke Rapids

State

NC

Zip Code

27870-3167

FEC ID number of contributing
federal political committee.

C

Name of Employer

Halifax Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : 21000623

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. G Raymond Leggett III

Mailing Address 2312 Crestview Drive

City

New Bern

State

NC

Zip Code

28562-9060

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinaEast Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 12 / 2013

Transaction ID : 21000659

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 8 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey S Miller

Mailing Address 408 Hillcrest Drive

City

High Point

State

NC

Zip Code

27262-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer

High Point Regional Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 18 / 2013

Transaction ID : 21000689

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Timothy Timothy Rice

Mailing Address 4600 Jefferson Wood Court

City

Greensboro

State

NC

Zip Code

27410-3552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cone Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 18 / 2013

Transaction ID : 21000705

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Jimm Bunch

Mailing Address 2275 Majestic View Court

City

Hendersonville

State

NC

Zip Code

28791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Ridge Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.60

Date of Receipt

04 / 24 / 2013

Transaction ID : 21000783

Amount of Each Receipt this Period

666.60

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1266.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Kevin W Sowers RN, MSN, F

Mailing Address 1022 Homer Street

City State Zip Code
Durham NC 27707-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke University Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2013

Transaction ID : 21000961

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Denise B. Mihal RN, BSN, M

Mailing Address 1085 Sea Bourn Way

City State Zip Code
Sunset Beach NC 28468-4820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Novant Health

Occupation
Sr. VP/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2013

Transaction ID : 21000987

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. John G Currin Jr

Mailing Address 211 Travis Lane

City State Zip Code
Gibsonville NC 27249-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alamance Regional Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2013

Transaction ID : 21001073

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Ms. Sandra Danoff

Mailing Address 7506 Trevanion Avenue

City

Pittsburgh

State

PA

Zip Code

15218-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University Hospital

Occupation

SVP Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 15 / 2013

Transaction ID : 21001149

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Henry Hawthorne

Mailing Address 1310 James B White Hwy N

City

Whiteville

State

NC

Zip Code

28472-8949

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 16 / 2013

Transaction ID : 21001289

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

C. Dr. Ronald A. Paulus MD

Mailing Address 62 Beadle Lane

City

Asheville

State

NC

Zip Code

28803-8907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 16 / 2013

Transaction ID : 21001293

Amount of Each Receipt this Period

360.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1020.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Ms. Jill Hoggard Green

Mailing Address 12 Dayflower Drive

City

Asheville

State

NC

Zip Code

28803-9618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Health System

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 16 / 2013

Transaction ID : 21001329

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

B. Mr. Dennis J Phillips

Mailing Address 4310 - 4th Street Circle NW

City

Hickory

State

NC

Zip Code

28601-9021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 29 / 2013

Transaction ID : 21001351

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mrs. Joann Anderson

Mailing Address P O Box 1508

City

Lumberton

State

NC

Zip Code

28359-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeastern Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 30 / 2013

Transaction ID : 21001489

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

960.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Mike Stevenson

Mailing Address 1711 Mission Road

City

Murphy

State

NC

Zip Code

28906-3776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Murphy Medical Center

Occupation

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 06 / 2013

Transaction ID : 21001587

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard E Hudson FACHE

Mailing Address 3313 Queensferry Drive, NW

City

Wilson

State

NC

Zip Code

27896-9302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilson Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 06 / 2013

Transaction ID : 21001629

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Ms. Phyllis A Wingate

Mailing Address 6005 Willowood Road

City

Kannapolis

State

NC

Zip Code

28081-6702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Medical Center-NorthEast

Occupation

Division President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2013

Transaction ID : 21001707

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

585.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey N. Sackrison FACHE

Mailing Address 1004 Quail Run

 City State Zip Code
 Edenton NC 27932-9200

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Vidant Chowan Hospital

 Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 13 / 2013

Transaction ID : 21001737

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue, Unit 413

 City State Zip Code
 Charlotte NC 28203-5895

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Carolinas HealthCare System

 Occupation
 Executive Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 19 / 2013

Transaction ID : 21001889

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Linwood Jones

Mailing Address 4501 Eliot Place

 City State Zip Code
 Raleigh NC 27609-6019

FEC ID number of contributing federal political committee.

C

 Name of Employer
 North Carolina Hospital Association

 Occupation
 General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : 21001973

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

810.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 15
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Hugh H. Tilson Jr.

Mailing Address 1305 College Place

City

Raleigh

State

NC

Zip Code

27605-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2013

Transaction ID : 21001981

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

7566.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. AHAPAC-American Hospital Association Federal PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2013

Mailing Address 325 Seventh Street, N.W.
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
Federal PAC Contribution

011
Category/ Type

Transaction ID : 20680458

Amount of Each Disbursement this Period

61000.00

Federal PAC Contribution

Candidate Name

AHAPAC-American Hospital Association Federal PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. AHAPAC-American Hospital Association Federal PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2013

Mailing Address 325 Seventh Street, N.W.
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
2013 Federal PAC contribution

011
Category/ Type

Transaction ID : 20680491

Amount of Each Disbursement this Period

61000.00

2013 Federal PAC contribution

Candidate Name

AHAPAC-American Hospital Association Federal PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

122000.00
122000.00